WINSTON COUNTY SCHOOLS
PROVIDA FUTURI
EST. 1908

Winston County School Health Services

Head Lice – School Return Guidelines

While student attendance is imperative to the success of the educational process, it is equally important to protect the integrity of a safe and healthy learning environment. As such, please refer to the following guidelines regarding post-treatment and follow-up.

Reassessment and Readmission Guidelines:

1. Parent/Guardian must bring the student to school for reassessment.
2. Student must have been treated with a lice killing product.
3. Option A: Student determined to be lice-free may return to school.
   Option B: Student determined to still have live head lice will be sent back home.

**Students with nits only (no live head lice detected) can remain at school. It is the responsibility of the parent/guardian to remove all nits to prevent a re-infestation and to continue to monitor.*

Follow-Up Guidelines:

- The student may be reassessed for head lice at one week, two weeks, and three weeks from the original screening assessment by the School Nurse or UAP.
- A positive finding of a head louse on reassessment constitutes calling the parent/guardian to pick up the student. The treatment process, reassessment/readmission, and follow-up guidelines will be completely implemented again until the student remains clear of lice for three weeks after a positive assessment.

Absences due to head lice:

- The day the student is sent home with head lice is an excused check-out.
- All additional absences following the day sent home will be unexcused absences. These absences will require an unused parent note or a doctor's excuse.

**Return to school determinations are made on a case-by-case basis and may differ from these guidelines. These guidelines are not all inclusive.*

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Student Name (print):

My signature below indicates my understanding of the above stated procedures and guidelines. Furthermore, I assume full responsibility for the student listed above in respect to these guidelines and agree to work with the school staff to remedy the identified situation.

_____ _____

Parent/Guardian (print): **Date:**

_____

Parent/Guardian (signature):

_____ _____

School Nurse Signature: **Date:**